



BRANCH OFFICE APPLICATION

Hearing Aid Dispensing

\$25.00

Hearing Aid Dispenser	
* Name: (Last, First, M)	
*Street, City, State, Zip	
*Telephone	
Email Address	
*License #	
Branch Office Information	
*Business Name	
*Street, City, Zip	
*Telephone	
Does your branch address receive USPS mail? YES or NO	
Main Office	
*Business Name	
*Street, City, State, Zip	
*Telephone	

- Please **print/type** the information. Partially completed applications will not be accepted.
- Mail application and fee to Speech-Language Pathology & Audiology & Hearing Aid Dispensers Board (SLPAHADB), 2005 Evergreen St, Ste. 2100, Sacramento, CA 95815.
- The initial fee for each branch office license is \$25.00. The annual renewal fee is \$25.00 for each branch office license and it will expire on the same date as the listed hearing aid dispenser's license, regardless of issue date.
- Each branch **must** be licensed and will require a separate application. If the branch office changes addresses, you must apply for a new branch office license.
- Applicants **MAY NOT** fit and sell hearing aids at a branch location before receiving a license for that location.
- Allow four weeks to process this application. When you receive the wall license, post in a conspicuous location.

I hereby certify under penalty of perjury under the laws of the State of California that all statements are true in every respect and that misstatement or omissions of material facts may be cause for denial of this application, or for suspension or revocation of a license.

Signature _____

Date _____

* *Required Fields*